



TOWN OF TRURO ASSESSORS OFFICE

ADDRESS CHANGE REQUEST FORM

This form is only for Real Estate and Personal Property*

*Please Note: Excise matters are handled at the Registry of Motor Vehicles.

OWNERS NAME** : _____

PROPERTY LOCATION: _____

NEW MAILING ADDRESS: _____

Please note the taxpayer is always responsible for notifying the Town of Truro, Assessor's Office of any address change. Taxpayers are responsible for payment and interest and/or late fees (MGL CH60-30) even if you do not receive a bill. Only an owner can change the address and request must be in writing.

Please complete this form and return a signed copy to: Assessors Office

PO Box 2012

Truro, MA 02666

Fax: 508-349-5506

Email: assesscl@truro-ma.gov (must be signed)

OWNERS SIGNATURE** _____ DATE: _____

****IF PROPERTY IS IN A TRUST ALL TRUSTEES MUST BE LIST AND ALL TRUSTEE MUST SIGN THIS FORM**